Report to the Office of Special Education Programs

Rates of Part C Eligibility for Young Maltreated Children

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Part C of the Individuals with Disabilities Education Act (IDEA) was designed as an interagency program for coordinating efforts within and across community and governmental agencies to address the needs of infants and toddlers with developmental delays and their families. Child welfare agencies are among the entities expected to be involved in these interagency efforts. Child welfare programs are responsible, under the Child Abuse Prevention and Treatment Act (CAPTA), for ensuring the safety and well-being of children who are maltreated by providing child protective services (CPS) and foster care services. Recent changes in federal legislation have mandated greater collaboration between Part C and child welfare. CAPTA and IDEA now require that states develop procedures for referring children under age three "involved in a substantiated case of child abuse or neglect to early intervention services funded under Part C."

Maltreatment of children adversely affects their health and developmental status (Halfon & Klee, 1987; Shonkoff & Phillips, 2000). Evidence shows that maltreated children have high rates of illness, injuries, and developmental delays (Hochstadt, Jaudes, Zimo, & Schachter, 1987; Chernoff, Combs-Orme, Risley-Curtiss & Heisler, 1994; Halfon, Mendonca & Berkowitz 1995). Chernoff and colleagues (1994) examined the results of health examinations provided to children younger than five years of age at the time of entry into foster care and found 23 percent had abnormal or suspect results on developmental screening examinations. Stahmer and her colleagues (2005) examined scores in the areas of cognitive, behavioral, and social skills of children under six obtained from a national sample of maltreated children. They found 46 percent of these children had scores that would indicate eligibility for early intervention services. The high rates of health and

developmental problems among children in child welfare services results both from the increased vulnerability to maltreatment that comes from having a disability and the fact that these problems can occur as a consequence of abuse and neglect (Jaudes & Shapiro, 1999; Sullivan & Knutson, 1998).

Of particular concern are very young maltreated children, whose developmental problems occur at a time when they are most vulnerable to lasting harm (Shonkoff & Phillips, 2000). Children under three who have medical or developmental problems experience more removals from parental care, have longer stays in foster care, are placed in more settings, and are less likely to return to their parents at the end of foster care than peers who are unaffected by health and developmental conditions (Rosenberg & Robinson, 2004). Although these children are candidates for Part C early intervention, there is reason to believe that only a small number are actually enrolled in services (Horwitz, Owens & Simms, 2000; Robinson & Rosenberg, 2004). Concerns about the high rates of developmental problems and under-enrollment in services have prompted federal requirements that maltreated children under three be referred to Part C early intervention (Shonkoff & Phillips, 2000).

Evidence of high rates of developmental problems among young children who are maltreated, low rates of their referral for early intervention, and the requirement that they be referred to Part C highlight the need for studies that examine rates of developmental delays among young children who are substantiated for maltreatment. Because current estimates of rates of developmental problems have come from clinical studies of children in foster care, it is important to obtain estimates derived from representative samples of all maltreated children. In this study, the nationally-representative NSCAW sample was used to estimate rates of developmental problems for

maltreated children under three years of age and to estimate the extent to which their developmental delays were recognized by intake case workers.

Methods

The source of data for this study is the National Survey of Child and Adolescent Well-Being (NSCAW), a nationally representative longitudinal sample of children known to state Child Protective Services drawn from 98 counties in 36 states. NSCAW's data contains evaluations of children, reports from caregivers, caseworkers, and teachers, as well as, data from administrative records (Dowd et al, 2006). NSCAW includes measures of three of the five developmental domains used to determine children's eligibility for Part C services. Children's cognitive skills were assessed with the Battelle Developmental Inventory – Cognitive subscale (BDI; Newborg et al,1984), communication skills with the Preschool Language Scale-3 – Total Score (PLS-3; Zimmerman, Steiner & Pond, 1991), and daily living skills with the Vineland Adaptive Behavior Screener – Daily Living Skills domain (Sparrow, Carter & Cicchetti, 1993). Caseworker reports of children's developmental and behavioral problems were obtained from interviews of intake workers. All data used in these analyses were collected during Wave 1 of NSCAW which was conducted over 15 months, primarily in the year 2000.

Victimization status of the children was obtained from the investigative caseworker's report of the outcome of the investigation. Children were classified as victims if the investigation was either substantiated or indicated for maltreatment. A similar definition for victimization is used in the *Child Maltreatment* report series, published by the U.S. Department of Health and Human Services (2005). For some children within the NSCAW, the caseworker assigned a level of risk, rather than a case disposition. These children were not considered to be victims and were not included in the analyses. The final sample consisted of 1,138 victims of maltreatment who were

under three years of age at the start of the NSCAW. The characteristics of the sample are summarized in Table 1.

Table 1. Demographic Characteristics of Maltreated Children in the United States Under Age Three

Characteristic	Percent of Children
Sex:	
Male	51.3
Female	48.7
Race:	
White, not Hispanic	40.5
Black, not Hispanic	30.3
Hispanic	21.7
Other	7.5
Child Setting:	
In Home, No Services	32.3
In Home, Services	35.8
Foster Home	18.6
Kin Care Setting	12.5
Most Serious Alleged Maltreatment:	
Physical Abuse	14.7
Sexual Abuse	2.5
Emotional Abuse	7.4
Neglect – Failure to Provide	27.9
Neglect – Lack of Supervision	33.2
Abandonment	3.5
Other Maltreatment	9.2
Unknown	1.6

Note. Table entries are percentages and weighted to produce national estimates. Sample size is 1,138, representing 156,000 maltreated children under age 3.

Under Part C, participating states must provide services to two groups of children: those who are experiencing developmental delays, and those who have a diagnosed mental or physical condition that has a high probability of resulting in developmental delay (Shackelford, 2006). In this study our estimate of the number of maltreated children having developmental delays relied on criteria commonly used to determine if children are eligible for Part C services. In many states, children would be Part C eligible if they scored 1.0 standard deviation (SD) or more below the mean on measures of at least two of Part C's five developmental domains (motor, communication, cognitive, daily living, and social-emotional), or 1.5 SDs or more below the mean on one measure of developmental functioning. We used these criteria to compute a composite that classified children from the NSCAW sample into delayed and non-delayed groups.

Results

Rates of Developmental Problems

A substantial proportion of children, who were substantiated for abuse or neglect, showed delays on one or more of the three measures of developmental functioning. Children's developmental scores were less than or equal to one standard deviation below the mean for 39 percent on the BDI, 44 percent on the PLS-3, and 34 percent on the Vineland Screener (Table 2). Based on the criteria of two or more scores less than or equal to 1.0 SD below the mean or one score 1.5 SDs below the mean, 46.5 percent of children were classified as having developmental delays that would make them likely to be Part C eligible. Generalizing from the NSCAW sample to the national population, we estimate that about 156,000 children younger than 3 years old were substantiated for maltreatment in the United States during the 15 month data collection period for Wave 1. The estimated number of children in the nation classified as Part C eligible would be 46.5

percent of 156,000 or about 72,660 for a 15-month period. On an annual basis this result yields an estimate of 58,100 maltreated children who are likely to be eligible for Part C services.

Table 2. Child Performance on Developmental Assessments

Score	Percent of Children
Battelle Developmental Inventory (BDI) – Cognitive Scale	
No Delay	60.9
1 to 1.5 SD below mean	12.5
More than 1.5 SD below mean	26.5
Preschool Language Scale (PLS-3) -- Total Communication Score	
No Delay	55.9
1 to 1.5 SD below mean	21.3
More than 1.5 SD below mean	22.9
Vineland Screener – Daily Living Skills	
No Delay	66.3
1 to 1.5 SD below mean	16.0
More than 1.5 SD below mean	17.7

Note. Number of valid cases for the BDI was 932, for the PLS-3 was 958, and for the Vineland Screener was 1,138.

Recognition of Developmental Delays

Intake caseworkers were asked whether, at the time of the investigation, the child had major developmental or behavior problems. Their responses indicated they were able to identify less than one-fourth (23 percent) of the children whose assessment scores indicated delayed development based on the criteria used in this study.

Discussion

At the time of their intake into child welfare services, 47 percent of maltreated children under three years of age had developmental delays that made them likely to be eligible for Part C early intervention. This finding is consistent with reports of a high incidence of developmental problems among children in foster care (Chernoff et al, 1994; Halfon, Mendonca & Berkowitz 1995; Takayama, Wolfe & Coulter, 1998). However, these results are probably an underestimate of the true rate of delay in this sample because two of the five developmental domains used to determine Part C eligibility, motor and social-emotional functioning, could not be assessed for our sample using the data in NSCAW. In addition the NSCAW dataset reported very small numbers of children with conditions that would have made them eligible based on the Part C criterion of established risk. A condition of established risk is a diagnosed physical or mental condition which has a high probability of resulting in developmental delay. Because the numbers of children with Part C eligible diagnoses were very small this study did not attempt to identify children using the established risk criteria, which may have also contributed to an undercount of eligible children.

Caseworkers were able to identify only 23 percent of the children with developmental problems. This result suggests the developmental needs of most of these children went unrecognized by caseworkers. Consequently, it is unlikely they were referred for early intervention by child welfare. This evidence of under-identification of developmental delays and the consequent lack of referral for Part C services suggests that a concerted effort will be needed to overcome barriers to identifying and serving children who need Part C early intervention.

Increasing referrals from child welfare for Part C services will not be easy. Problems of parental acceptance of Part C referrals and services will also have to be dealt with if children are to be evaluated and served. Child welfare professionals need better information about Part C,

particularly how to refer families for early intervention services. Differences in the organizational cultures of Part C and child welfare will need to be addressed in the process of creating linkages between these two systems. For example, voluntary family participation is a fundamental principle of Part C services. By contrast, coercion is a fact of life for many parents under child welfare supervision who must demonstrate their fitness or lose custody of their children. The fact that some parents are ordered into Part C services will present a dilemma for many early interventionists who have been taught that services are voluntary and that priorities for services should reflect parents' wishes. Ideally, child welfare and Part C agencies should have specialists who work with families who require both child welfare and Part C involvement. These specialists would act as liaisons between the two programs for these families.

Barriers to the use of Part C services can arise even when children are determined to be eligible and families have completed the IFSP process. Families reported for abuse or neglect may not be highly motivated to participate in early intervention (Spiker & Silver, 1999). Substantial numbers of high risk families may drop out of Part C services once treatment has begun (Rosenberg, Robinson & Fryer, 2002). Parents who have maltreated their children are often dealing with multiple stressful events (Cadzow, Armstrong & Fraser, 1999; Kotch et al, 1997). They may also be less effective in their day-to-day caretaking than other parents (Barnett, 1997). It is anticipated that some parents may have considerable difficulty learning to support their children's development.

Many Part C programs are not prepared to work with families who have a history of child abuse and neglect. Interventions needed by families in the CPS system, including parent education and training, may not be available through Part C. The most common services provided by Part C are speech and language therapy, occupational therapy, physical therapy, and child educational

interventions (U.S. Department of Education, 2005b). By contrast such services as family training and counseling, psychological services and social work are infrequently included on families' IFSPs. Part C's emphasis on services that address child motor and communication skills means that families referred by child welfare may not receive the services they most need. Moreover, these services are often delivered by a series of different professionals. It is likely that families with children who are maltreated will have difficulty making use of services that involve the provision of multiple therapies. Instead these families would benefit more from services provided by a single trusted professional who has access to consultation from other specialties, as needed. An additional concern regarding the appropriateness of typical Part C services for these families stems from parents' need for direct teaching in order to achieve meaningful improvements in the care they provide their children (Olds, & Kitzman, 1990). In particular, the interaction between parents and their children should be a focus for early intervention (Chaffin, et al., 2004). However, parent-child interaction is an area in which Part C personnel typically have little experience. Indeed, Mahoney and his colleagues note that there has been a tendency in the Part C early intervention field to reject direct instruction of parents and other interventions that focus on parenting skills due to a perception that these services are incompatible with the Part C principle of having a collaborative relationship with parents (Mahoney, et al, 1999). As a consequence, the interventions required to improve parents' caregiving skills are unfamiliar to many providers of Part C services. Part C providers will need training in order to be able to work successfully with families referred by child welfare.

Because many young children with substantiated abuse or neglect are placed in foster care, access to Part C services by children in foster and kinship care must also be addressed (U.S. Department of Health and Human Services, 2005). Biological parents whose rights have not been

terminated and foster parents should be involved in Part C services to learn how to interact with these young children and to promote their development.

One complication of involving foster children in Part C has to do with obtaining parent consent for evaluation and services (Dicker & Gordon, 2006). Parent consent is required in order to enroll children in Part C services. Parents whose rights have not been terminated may consent to Part C evaluations and services for their child. However problems enrolling children can arise when parents cannot be located. To ensure that children receive services in a timely fashion, educational surrogates are sometimes appointed to act on a child's behalf. Surrogates for these young children can be family members, such as grandparents, or others with whom the child has a relationship, State officials and county child welfare staff are typically not allowed to act in this role because of a potential for conflict of interest. To ensure that children residing in out-of-home care have access to Part C services, child welfare and Part C programs must work out procedures that provide children in out-of-home care with representation by their parents or by educational surrogates.

In 2000 Part C served about 233,000 children (U.S. Department of Education, 2005a). This study found that at least 58,000 children in the CPS system were likely to have been eligible for Part C services in that year, but few of these children were identified as having developmental problems by their caseworkers making it unlikely that they were referred for Part C services. If most of these children had been properly identified and referred, there would have been a major increase in the number of maltreated children who were referred for developmental evaluations to assess eligibility for Part C, as well as major increases in enrollment in Part C services. Even if 30 percent of these children already have IFSPs or cannot be contacted about 40,600 children would remain who could enter Part C services -- an increase in Part C enrollment of 17 percent. Such increases in assessments and enrollment can be expected to strain the capacity of many Part C programs. If state

Part C systems have great difficulty managing increases in workload, it is possible that some will adopt restrictive eligibility criteria to reduce the total number of children who receive Part C services or will adopt ineffective strategies for enrolling families from child welfare into Part C. Consequently, efforts to increase referrals from child welfare to Part C will need to be accompanied by planning to ensure adequate capacity in the Part C system to screen, conduct multidisciplinary assessments, and deliver early intervention services (Robinson, Rosenberg, Teel & Stainback-Tracy, 2003). Advocates for children and families will need to monitor the responses of states to these new requirements to ensure that children who need Part C services receive them. Where capacity is inadequate, advocacy will be needed to make legislators aware of the need to expand programs so these children can be appropriately served.

Child welfare and Part C personnel within states are now in the process of establishing procedures for providing developmental evaluations and Part C early intervention to young, maltreated children. A potentially useful partner in this process is the Interagency Coordinating Council (ICC) in each state. The ICC is the primary forum where Part C policy is debated and then recommended to the state's lead Part C agency. The ICC includes representatives from state agencies involved in providing or funding Part C services, as well as parent representatives. The goal of fostering collaboration between child welfare and Part C would be advanced if the child welfare agency in each state had representation on the ICC. In addition planning in each state should include providing Part C personnel with estimates of potential increases in referrals for eligibility determination and Part C enrollment. Projected referral data will help in determining the resources communities need to manage increases in referrals.

In this study, we have shown that the child welfare population includes large numbers of children whose delays in development make them candidates for Part C services. However, the

need for early intervention services will not be met unless action is taken by the child welfare system to identify these children and by the Part C system to serve them. The success of these efforts could be monitored by requiring that states, in their annual child counts, report the number of children referred to Part C by child welfare, the number of those referred who are found to be eligible, and the number who go on to receive Part C services. Additional information could be obtained through state child maltreatment data which would provide an annual count of maltreated children under three in each state.

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